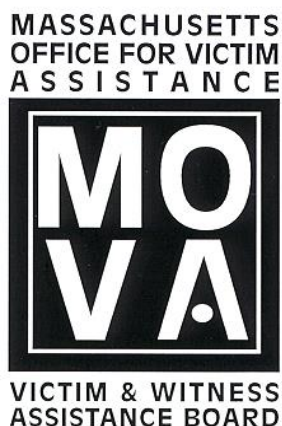


# **Antiterrorism and Emergency Assistance Program (AEAP)**

**Request for Response to join Master Service Agreement**

**MOVA's Marathon Bombing Behavioral Health Program**



## ***Massachusetts Victim and Witness Assistance Board***

**Attorney General Maura Healey, Chair**  
**Jonathan Blodgett, District Attorney, Essex County**  
**David Capeless, District Attorney, Berkshire County**  
**Josh Moulton, Victim/Public Member**  
**Evelyn Tobin, Victim/Public Member**

**Liam T. Lowney, Executive Director**

Massachusetts Office for Victim Assistance  
One Ashburton Place, Room 1101  
Boston, MA 02108

(617) 586-1340 (TEL)  
(617) 586-1367 (FAX)  
[mov@state.ma.us](mailto:mov@state.ma.us) (e-mail)  
<http://www.mass.gov/mova>

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Antiterrorism and Emergency Assistance Program (AEAP)  
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**RFR File Name/Title:**

FY 2015 MSA Behavioral Health Program

**RFR File Number:**

2015AEAPMSA

**Procuring Department:**

Massachusetts Office for Victim Assistance

**Address:**

One Ashburton Place, Suite 1101  
Boston, MA 02108

**Telephone:**

617-586-1340

**Fax:**

617-586-1367

**Procurement Contact Person:**

Amy Lindquist, Procurement Team Leader

**E-mail address:**

[amy.lindquist@state.ma.us](mailto:amy.lindquist@state.ma.us)

RFR and all required forms can be downloaded from <http://www.commbuys.com/bsa>

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## **I. Intro/Purpose:**

The Massachusetts Office for Victim Assistance (MOVA), operating under the guidance of the Victim and Witness Assistance Board (VWAB), serves as a statewide resource for crime victims and victim service providers. MOVA's mission is to empower all crime victims and witnesses in the Commonwealth of Massachusetts. MOVA strives to ensure access to equitable services, across the Commonwealth, which meet the unique needs of those impacted by crime through survivor-informed policy development, fund administration, training, and individual assistance. The VWAB is the designated state authority to administer federal funds for victim services available through the Federal Victims of Crime Act of 1984 (VOCA).

The April 15<sup>th</sup> Boston Marathon Bombing has presented unique challenges for the provision of services to the many impacted individuals and communities. The population of victims is geographically diverse extending across Massachusetts, several states nationwide, and five countries around the world. The nature of victims' injuries include varying degrees of physical and emotional trauma requiring the creation/implementation of innovative and enhanced services.

In January 2014, MOVA was awarded Antiterrorism and Emergency Assistance Program (AEAP) funding from the Office of Justice Programs' Office of Victims of Crime to assist victims<sup>1</sup> of the Boston Marathon Bombing. A significant portion of this award has been allocated to address behavioral health supports.

The purpose of this procurement is to seek qualified providers who wish to provide behavioral health services to identified victims of the Boston Marathon Bombing through a Master Service Agreement (MSA) with MOVA and be a part of the MOVA Behavioral Health Program (MOVA BH Program). All requirements for providers to be eligible to apply to Master Service Agreement are listed here in this RFR and verification and/or requested documentation must be included in application. Once applications are approved and contracts are executed providers will be added to MOVA Registered Provider list, be connected with victims via the Registration Center and able to bill MOVA at set hourly rates for specified services for the length of contract or exhaustion of AEAP funding.

This service delivery design is focused on meeting the needs of acute or highest risk victims. Examples of which include but are not limited to families of homicide victims, victims with injuries such as amputations and disfigurement, burns, traumatic brain injuries, late deafened and hard of hearing, visual loss and children struggling with school participation due to trauma related injuries. Also included are sub-acute populations (e.g. school aged children directly and indirectly exposed to the event and subsequent lock down; responders; victims with prior mental illness, limited mobility or functional access needs) in terms of the negative psychological outcomes they are experiencing as a result of this disaster.

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<sup>1</sup> "Victim" is being used here and thereafter to connote those persons who were physically injured or killed, their immediate family members, those persons who physically experienced the event or its immediate aftermath, including those in the immediate vicinity of the bombing, those surrounding the scene, those professionals and non-professionals who tended to the wounded, those who were involved in the subsequent apprehension of suspects or any other individual, whom by virtue of their unique experience or prior trauma history, would be triggered or impacted by this event. MOVA will not be conducting audits to ensure that participants meet this definition of 'eligibility'; it is up to the victim to identify themselves as such and once they have done so, it is up to the individual provider to make their best judgment as to whether the participant qualifies.

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**II. Agencies on behalf of employed staff clinicians and clinicians in private practice are encouraged to apply. All applicants must meet and/or agree to all of the following criteria and specifications:**

- A. Proof of Licensure** to practice independently as one of the following: M.D., Psychologist, Social Worker, Mental Health Counselor, Marriage and Family Therapist, Substance Abuse Counselor or equivalent of with the appropriate licensure \*See list of additional licenses and definitions on page 10.
- a. If Massachusetts based provider, must provide proof of licensure to practice independently in the state of Massachusetts.
  - b. If out of the state of Massachusetts, the applicant must provide proof of licensure to practice in the state where they plan to offer services.
  - c. Those social workers, psychologists or other health care practitioners that the state allows to practice through agency affiliation and supervision who are not licensed to practice independently may be included in an agency application and must receive required supervision through agency
- B. Proof of current and required malpractice insurance** for the type of service and the number of hours of service. Providers will be asked to submit insurance cover page.
- C. Minimum five years of relevant practice experience** either through an agency, internships or supervised private practice
- D. Knowledge of the use of evidence-based and evidence-informed screening and assessment tools** to assist in evaluating the current emotional/psychological state of the victim/family/responder in relation to symptoms of disaster-related distress, depression, posttraumatic stress or other trauma-related disorders specifically with one or more of the identified target populations
- a. Families of those killed in the event
  - b. Traumatized and disaster exposed children
  - c. Victims of disasters or traumatic events with physical injuries such as traumatic amputations, disfiguring or disabling injuries
  - d. Victims with hearing loss or damage such as tinnitus or vision loss or damage
  - e. Victims with traumatic brain injury
  - f. Responders including uniformed services personnel, dispatchers, drivers and volunteers who acted as responders
  - g. Older adults with chronic illnesses or mobility limitations
  - h. Family members and victims experiencing gender-specific trauma (e.g. men who are experiencing depression because they are no longer able to work; mother who suffers with depression and guilt who feels responsible for injury to their children)
  - i. Victims with substance misuse and abuse concerns

**E. REQUIRED trainings**

All applications must include certificates of completion for the following trainings:

**1. Psychological First Aid (PFA):** <http://learn.nctsn.org/course/index.php?categoryid=11>

**2. MOVA sponsored Cognitive Behavioral Therapy for Post-disaster Distress, Suicide Assessment and the SPRINT- E**

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**F. Allowable Activities.**

The following is an exhaustive list of interventions and maximum number of sessions eligible for reimbursement through this program. Any sessions beyond the number listed require prior approval by MOVA and noted as such on the billing and fidelity forms. The Registration Center will use the MOVA listing of BH Program Registered Providers to suggest a provider within close proximity to the survivor's home and workplace.

Providers will work with victims to determine which intervention is the best fit. Providers must indicate on the application which interventions they are willing to provide AND have the required certifications necessary to provide such interventions. Although documentation is not required at application, by signing the application clinicians will attest they (or named staff) have the necessary training to provide such interventions. Documentation must be maintained and presented upon request up to 7 years from date of contract.

**Individuals, Families, Groups:**

- a. Exposure Therapy (12 sessions)
- b. CBT for Post Disaster Distress (12 sessions)
- c. Trauma Focused Cognitive Behavioral Therapy ( 12 sessions)
- d. Cognitive Behavioral/Prolonged Exposure Therapy for Acute Stress Disorder (12 sessions)
- e. Traumatic Grief/Survivor Guilt Interventions (12 sessions)
- f. Eye Movement Desensitization and Reprocessing (EMDR) therapy (12 sessions)
- g. Group-Based Interventions for Post-Disaster Survivors (12 sessions)
- h. Seeking Safety Substance Abuse and Trauma Treatment (12 sessions)
- i. Narrative Therapy (3 sessions)
- j. Mindfulness Therapies (3 sessions)
- k. Stress Management and Self-Care (3 sessions)
- l. Treatment for Substance Misusing Trauma Survivors (12-15 sessions)

**Children:**

- a. Trauma Focused Coping (TFC) (14 sessions)
- b. Grief and Trauma Intervention (GTI) (11 sessions)

**Diagnostic and Psychopharmacology Evaluations:**

- Recommendations for pharmacological treatments as part of psychiatric services is limited to those victims who meet one of the following requirements: 1) Experiencing severe sleep problems that threaten to impair functioning, cognition, physical health and general well-being, 2) Have a pre-existing, diagnosed mental illness or personality or adjustment disorder for which psychiatric medications had been prescribed at the time of the diagnosis prior to the victims' experience of the disaster, 3) Are formally diagnosed with a mental illness by a credentialed mental health professional as a result of the disaster after minimally 30 days post-incident AND after the victim's basic needs have been met in terms of safety, housing, nutrition, medical care, and reunification with loved ones.
- Actual number of sessions should be a clinical decision. Treating professional needs to determine how often care is needed. Services should be clear in that if they are providing a medication evaluation that is a psychopharmacological session. However, if providing therapy session that should be documented as such.
- Providers should understand that treatment should be for marathon related issues as this funding is not intended nor has the ability to support chronic, long term mental illness

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**Group Based Interventions:**

- Clinicians seeing multiple clients and wish to pull together a group must request permission from MOVA.
- All group sessions will be billed using the same hourly rate regardless of number of participants.

**Case Consultation:**

- In effort to build capacity of providers participating in this program MOVA offers Case Consultation via teleconferences on a scheduled bi-weekly basis or by request.
- Case Consultation will be related to a case presentation aimed at reviewing intervention steps and addressing any additional issues, concerns or questions that providers are experiencing with their Marathon bombing clientele.
- Specific information regarding scheduling of case consultation will be provided at time of contracting
- Any and all contracted providers are eligible to participate

### **III. Contract Performance and Reimbursement**

#### **A. Best Practices, State Licensing Laws (Protection of Children), Federal Laws (HIPPA), Child Abuse Mandated Reporting**

Best practices will be adhered to and clinically competent services will be utilized based on the current research and standard of practice. This includes maintaining fidelity with those interventions approved by the MOVA Marathon bombing behavioral health program, and fidelity to the registration processes and suicide prevention training provided by MOVA and as determined by the Massachusetts licensing entity (for MA providers) or specific state licensing entity (for out of state providers) under which you currently practice (e.g. psychiatry, psychology, social worker, marriage and family therapy, and counseling). Other behavioral health and safety practice laws that are required as part of your agency and/or individual professional discipline licensure will be adhered to, such as compliance with confidentiality laws (HIPPA), ethical standards of practice (e.g. restrictions on dual relationships; proper protection and storage of confidential records, etc.) and any specific state or federal laws including Massachusetts General Law (MGL) c. 119: Protection of Children which mandates child abuse reporting by a mandated reporter.

#### **B. Relationship of Parties**

All MOVA Marathon bombing behavioral health treatment providers must understand and agree to the Relationship of the Parties as follows:

It is understood by the parties that the provider is not an employee of MOVA. The provider shall be solely responsible for their insurance, all of their taxes and costs whatsoever. The MOVA Marathon bombing behavioral health program, its partner organizations and affiliates bear no liability or responsibility for the treatment provider during the performance of their duties as it relates to the MOVA Marathon behavioral health response program.

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### **C. Proprietary Information**

The treatment provider recognizes that the MOVA Marathon behavioral health response program has and will have proprietary information (collectively "Information"), which are valuable, special and unique assets of the MOVA Marathon behavioral health program. The treatment provider agrees to not at any time or in any manner, either directly or indirectly, use any information for their own benefit, or divulge, disclose or communicate in any manner, any Information to any third party without the prior written consent of MOVA. The treatment provider will protect the Information and treat it as strictly confidential. A violation of this paragraph shall be a material violation of this Agreement.

### **D. Registration, Referral and Case Acceptance**

Once applications are approved and contracts are fully executed, providers will be added to the MOVA BH Program Registered Provider list and agree to registration, referral and case acceptance of eligible recipients of services. Upon contracting, MOVA will notify registered providers of contact information for the Registration Center that will be the central access point for all victim registration and provider referral. All victims, as previously defined, are eligible for services through the MOVA BH Program but must first be registered and assigned a unique client ID from the Registration Center before said services are provided.

### **E. Documentation and Data Collection**

Providers agree to MOVA's request for documentation and data collection using specific, MOVA identified forms for registration, referral, treatment fidelity, billing and evaluation. These forms are described below. Providers will collect and record client contact information to be kept in separate files from the documents required for submission to MOVA where only case numbers will be used to track treatment services and invoices. Required, completed forms will be submitted to the MOVA Grants Program Specialist as instructed maintaining client confidentiality during faxing, mailing and electronic transfer of data at all times.

#### **Sprint-E**

Screening forms (with Registration Center administered ID #'s) will be utilized at entry, mid-point and close of treatment services. Sprint-E forms should be faxed or sent via postal mail to MOVA with the following:

ATTN: MSA BH PROGRAM  
Massachusetts Office for Victim Assistance  
One Ashburton Place, Suite 1101  
Boston, MA 02108  
Fax: 617-586-1367

#### **Fidelity forms**

Will be completed with date, client ID, timeframe and description of treatment services delivered, provider name and license information, and signature verifying information to be true and accurate.



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## Invoices

Forms will be distributed to providers by MOVA and will be utilized and submitted on a monthly basis. Providers will be sent information regarding training and use of invoice forms prior to contracting.

## Evaluation/Feedback forms

Will be distributed to both providers and other grantees and collected by MOVA as part of the overall program evaluation. Providers and grantees will have the option of completing the Evaluation/Feedback forms with or without identifying information.

Satisfaction Surveys will be distributed to recipients of services from the Registration Center as well as individual providers.. Recipients will have the option of including identifying information and requesting a follow on contact from the MOVA administrator.

Grievance procedures will be followed as defined by MOVA including the opportunity for an individual victim or provider to meet in person or via telephone with the MOVA designated liaison to address and resolve grievances. MOVA will determine the follow on process and any recommendations or corrective actions based on the circumstances of each case.

## F. Available Funding and Reimbursement

Allowable services will be reimbursed based on the type of licensure of the provider as well as the location of the service and only for time spent with clients or in MOVA sponsored BH Program case Consultation. MOVA is interested in encouraging clinicians to make their services available in-home, at-school, or other community-based locations. However, it is also committed to simplifying the billing processes. Therefore, MOVA is paying a travel differential hourly rate for services provided outside of the clinicians' office. Instead of clinicians billing for actual mileage and actual travel time, MOVA is paying a single 'higher rate' for out of office services. This avoids the need for clinicians to submit specific mileage and travel time documentation. Please note, in the rare instance that a clinician must travel in excess of 1 hour to see a client, and no other registered clinician is available closer to the client, the clinician must seek prior approval from MOVA to bill at higher rate.

Provider Category	In office and Case Consultation Hourly Rate	Victim Home, School or Community Based Hourly Rate <sup>2</sup>	For travel beyond 1 hour pre approval is required <sup>3</sup>
Psychiatry	\$188	\$282	\$376
Psychology	\$94	\$141	\$188
Social Work	\$75	\$112	\$150
Counseling	\$63	\$95	\$126

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<sup>2</sup> This rate has been calculated to account for travel time at one and a half times the regular office hourly rate.

<sup>3</sup> This rate has been calculated to account for travel time beyond one hour at twice the regular office hourly rate.

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These provider categories are based on standard institutional groupings, the level of education and the specific skills that the professional provides.

**Psychiatry** includes: **MD, DO**-Osteopathic Physicians, **PA**-Physician Assistants, **NP**-Nurse Practitioners, **DPN**-Doctor of Nursing Practice and other physician-related designations that allow the practitioner to conduct a comprehensive assessment and prescribe medications as appropriate.

**Psychology** includes doctoral level **Ph.D., Ed.D., D.S.W.** : psychologists, educational psychologist, social workers, marriage and family therapists, community health services practitioners, and there is a new PhD in Psychiatric Rehabilitation but I doubt we'll get anyone from that discipline.

**Licensed Social Work** includes **Master's Level**: Social Workers-**LICSW**-Licensed Independent Social Workers can practice independently; Licensed Certified Social Workers-**LCSW**-can practice with clinical supervision.

**Counseling**: Licensed Mental Health Counselor includes **Master's Level**: **LMHC**-Mental Health Counselors, Marriage and Family Therapists, School Counselors, **RN**-Psychiatric Nurse, Alcohol and Drug Counselors -Licensed Alcohol and Drug Counselor I - **LADC I** can practice independently; Licensed Alcohol and Drug Counselor II - **LADC II** can provide service with clinical supervision.

Providers must agree to utilize the quality check/billing form submission process provided by MOVA and must submit invoices on a monthly basis (or after completion of last session), due at the 15<sup>th</sup> of the following month with supporting documentation. The deadline for final invoice submissions is May 30, 2017.

Any sessions that are extended for clinical reasons as is seen in some CBT, Exposure and EMDR protocols, and in group interventions will be prorated for payment but will only count as **one** of the total number of sessions allowed by the MOVA program.

Group sessions approved by MOVA(i.e. family, couple etc.) will be billed as one session and the fidelity/billing forms will include an ID # for the victim who was the primary referral source and then note family members only by their relationship to the primary victim.

Sessions provided to unrelated individuals who come together for group interventions will be billed as one session and include ID #'s provided for each member of the group. Again, sessions that are longer than one hour will be prorated and counted as one session towards the total approved number of sessions.

By applying for and entering into contract with MOVA under this RFR, PROVIDERS AGREE TO THE RATES SET BY MOVA. By agreeing to be part of the MOVA BH Program the posted rates are the maximum allowable to be charged per hour.

Applicants must agree to the following operational procedures that affect the quality of care provided to client and the program evaluation that is being performed to assist with quality assurance and the effects on the outcomes of the treatment and the processes.

- Providers agree that they will refrain from engaging in self-referral and exchanging of fees with any MOVA Marathon bombing behavioral health program victims, responders and their family members.
- Providers will refrain from asking victims, responders and their families about their insurance status or other program eligibility criteria that has already been established by MOVA.

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- Providers agree not to bill any other source for services being provided to victims under this Master Service Agreement, as all services are provided to victims free of charge.
- Providers will refer victims, responders or their family members back to the point of entry contact if there are any questions or change in status in terms of their participation in the MOVA Marathon bombing behavioral health program. Compliance with your discipline specific guidelines (e.g. psychiatry, psychology, social work, etc.) which protect the treatment provider and decreases actual or perception of impropriety regarding self-referral and fees.
- All agencies that apply to provide services under contract with MOVA must ensure these funds are not used to supplant current caseloads or funds that have been appropriated for the same purpose.

To be issued a contract with MOVA and eligible for reimbursement, all applicants will need to be set up as state vendors, if applicants are not already. This will be the only method for reimbursement. These forms are listed in the required documents table and as attachments in [COMMBUYS](#).

Please print, complete and sign these forms with wet ink signature and include in your application. Your application will not be complete until these forms are complete and submitted. Any applicant who is already a state vendor must submit their state vendor code with application.

#### **G. Ethical Standards of Practice and Exclusions**

In accordance with your professional discipline-specific guidelines that address ethical practice, providers will maintain appropriate professional boundaries for the safety of clients who may become confused by any clouding of such, potentially resulting in damage to the working relationship and the client's potential to gain the most positive effect from the interventions/treatment. The provider will comply with the MOVA Marathon bombing behavioral health program and avoid a conflict or any impropriety regarding boundaries, particularly in regard to self-referral or dual relationships or collection fees. This includes the understanding that the MOVA Marathon bombing behavioral health program **excludes** payment to providers for:

- a. Victims who do not access the point of entry which is the MOVA Marathon bombing behavioral health program Registration Center.
- b. Victims in treatment with an approved treatment provider for general psychodynamic psychotherapy or any other therapy that is not a MOVA approved disaster specific intervention.
- c. Treatment that occurred prior to the providers' registration and participation in the MOVA program. Retroactive billing is unallowable.

If a provider is already seeing victims who would like to remain in treatment with them, MOVA will only reimburse provider: 1) once the provider becomes a registered participant in the MOVA Marathon bombing behavioral health program AND 2) the victim, family member or responder is appropriately registered AND 3) agrees to AND 4) is in fact treated with MOVA approved disaster specific interventions.

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#### IV. Evaluation Criteria

Applications will be evaluated according to criteria outlined in Section II. Applicants that meet all of the eligibility criteria and provide necessary documentation will be approved and added to the MOVA BH Program registered provider list which will be made public and available to registration center for use of victim referrals. Only providers that have been approved and added to list will be eligible to request reimbursement for services.

##### A. All documents required for complete application.

**\*\*Please note that no handwritten applications will be accepted\*\***

Document	Submission notes
Completed MSA Application for every applicant	Email recommended
Completed and signed Attachment A for EVERY clinician in application	Email recommended with signatures required
Attachment B if applicable	Email recommended
Insurance Cover Page	Email recommended
CV or resume for every clinician	Email recommended
Copy of Psychological First Aid Certificate	Email recommended
<b>Copy of Certificate of Completion of MOVA's CBT for Post Disaster Distress training with Jessica Hamblen</b>	Email recommended
Commonwealth Terms and Conditions*	Wet-ink signature required
Electronic Funds Transfer (EFT) Form*	Wet-ink signature required
Request for Taxpayer Identification Number and Certification (W9 form)*	Wet-ink signature required
Authorized Signatory Form*	Wet-ink signature required

\*If already a state vendor, please include your vendor code on application in lieu of these documents

##### B. Debriefing Procedure

Applicants denied contracts under this RFR can request a debriefing from MOVA. To request a debriefing, the agency/and or provider must contact the Procurement team leader in writing or via e-mail and directly reference to which grant and RFR Name/number applicant is referring to. The Procurement team leader will schedule a mutually

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convenient time to meet, in person or via conference call. A debriefing presents an opportunity for the unsuccessful applicant to ask questions regarding the evaluation of its response and the review process overall. Unsuccessful applicants aggrieved by the decision of a department must participate in a debriefing as a prerequisite to an administrative appeal.

## **V. Application Submittal Process**

### **A. Timeline:**

**MOVA will accept applications on a rolling basis upon release of this RFR and until December 31<sup>st</sup> 2016 or exhaustion of allocated AEAP behavioral health services funding, whichever may happen first.**

***Note: Timeline is subject to change at the discretion of MOVA and/or the Victim and Witness Assistance Board***

January 11, 2016	Release of RFR on <a href="#">COMMBUYS</a>
January 11, 2016	Questions accepted
January 22, 2016	Questions and Answers posted to <a href="#">COMMBUYS</a> periodically until December 2016
February 2, 2016	Applications accepted and reviewed on rolling basis until contract end date
December 31, 2016	End date for application submittals
March 31, 2017	End of contracts
May 30, 2017	Final Invoices due

### **B. Questions/Technical Assistance**

Amy Lindquist, Grants Program Specialist is the designated Procurement Team Leader for this RFR. Applicants may submit written questions about the RFR starting on January 11, 2016. Questions should be emailed to [amy.lindquist@state.ma.us](mailto:amy.lindquist@state.ma.us). Answers to all questions will be posted periodically on [www.commbuys.com/bso/](http://www.commbuys.com/bso/). **In order to abide by the Commonwealth's Procurement Policies and Procedures, no verbal questions will be allowed.**

[COMMBUYS](#), the Commonwealth's Procurement system will be utilized for posting the application, questions, and ultimately the awards related to this procurement. **Although not required**, all applicants are encouraged to register on COMMBUYS as a "seller". Information regarding registration and training can be found at: <http://www.COMMBUYS/training-and-registration.html>

*Any amendments, cancellations, or corrections and clarifications to this RFR will be made by the procurement team leader posted on [COMMBUYS](#)*

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### C. Application Submission

#### Electronic

Please send application documents to:

[MOVAGrants@state.ma.us](mailto:MOVAGrants@state.ma.us)

CC: the AEAP Procurement Team Leader on all submissions:

[amy.lindquist@state.ma.us](mailto:amy.lindquist@state.ma.us)

Ensure that attachments are labeled correctly, clearly identifying whom they are from and what the document is. MOVA recommends using the following example as a proper attachment label:

- *Example 1:* 2015AEAPMSA\_Application\_ProviderName
- *Example 2:* 2015AEAPMSA\_DOCUMENT NAME\_\_ProviderName

Applicants may use read receipts to ensure delivery of electronic applications and may share tracking receipts with the Procurement team leader

#### Postal Mail

All original documents that require a “wet/blue ink” signature must be sent as part of the application to the address listed below. MOVA retains all original documents as part of the application file.

Attn: AEAP MSA Application Submission  
Massachusetts Office for Victim Assistance  
One Ashburton Place, Room 1101  
Boston, MA 02108

It is strongly recommended that if hard copy applications are sent using a U.S. Post Office, UPS, or FedEx that a tracking number is obtained and used for your submission. These tracking numbers can be shared with the AEAP procurement team leader.

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## VI . General RFR Information

ACQUISITION METHOD TO BE USED FOR CONTRACT(S):

☒ Fee-for-service                      ☐ Rental  
☐ Outright purchase                      ☐ Term lease  
☐ Tax Exempt Lease-Purchase                      ☐ Other:

SINGLE OR MULTIPLE CONTRACTORS REQUESTED

☐ Single contractor  
☒ Multiple contractors

SINGLE OR MULTIPLE DEPARTMENTS MAY CONTRACT UNDER THIS RFR:

☐ Multiple Department Procurement/Limited Department User Contract  
☐ Single Department Procurement/Multiple Department User Contract  
☒ Single Department Procurement/Single Department User Contract

TOTAL ANTICIPATED DURATION OF CONTRACT:

Initial duration: Once applicant is approved and registered contract will run until March 31, 2017 or until exhaustion of AEAP funding

Option to Renew: No

TOTAL ANTICIPATED EXPENDITURES FOR TOTAL ANTICIPATED DURATION OF CONTRACT(S):

☐ Contract(s) will have a Maximum Obligation Amount.  
☒ Contract(s) will NOT have a Maximum Obligation Amount (Rate Contract).  
☐ Subject to quotes by pre-qualified list of contractors.

Will Federal Funds be used to fund any part of Contract(s)? ☐ NO ☒ YES (If YES, to what extent?) Federal Funds cover 100% of Contract(s).